



IRA Qualified Charitable Distribution (QCD)

Introduction

Instructions

Use this form to make a qualified charitable distribution (QCD) from your traditional IRA or Roth IRA.

- The distribution check must be made payable directly to the charitable organization.
- The \$100,000 limit is the aggregate amount of the qualified distributions made from all of your IRAs.
- Amounts withdrawn over your RMD or allotted penalty-free amount (including interest) may be subject to withdrawal charges. Please review your prospectus and/or contract/certificate for further details regarding the impact of withdrawals.
- Please confirm that the organization you designate is eligible to receive QCDs, as John Hancock is not responsible for making this determination.
- John Hancock may furnish a copy of this document to the named organization. Please retain a copy for your own records and contact the charitable organization directly for a gift receipt.
- Consult with your own tax professional if you have any questions about this or any other tax matter.

Questions about this form?

1-800-344-1029

Contact us:

FAX 1-617-663-3160



See the end of this document for return instructions

1. Information About You

Owner:

Contract Number	Phone Number	Date of Birth (MM/DD/YYYY)	
Name (First)	(MI)	(Last)	
Address (Street)	City	State	Zip
Financial Representative's Name (if applicable)	Financial Representative's Phone Number		

2. Qualified Charitable Distribution Instructions

Please make a direct charitable distribution from my John Hancock Individual Retirement Account. I hereby request that the organization named below memorialize my name and address (see Section 1) as the donor of record in connection with this transfer.

Please withdraw the following amount (select one):

Required Minimum Distribution (RMD) amount for the current year (this option is not available to Roth IRAs or RMDs already distributed).

Other amount (not to exceed \$100,000.00): \$ _____

Legal Name of Charity/TIN	Phone Number	Attention	
Address (Street)	City	State	Zip

3. Authorization

I hereby certify the information on this form is correct and accurate. I also authorize John Hancock to make the withdrawal in accordance with my designation as noted and to provide a copy of this form to the organization named in Section 2. By signing below, I understand that this request is subject to all the terms and conditions of the contract/certificate and prospectus. I also understand that once this distribution is made and released by John Hancock, it will not be reinstated to this contract/certificate. I direct John Hancock to make the disbursement in accordance with the designation on this form. Furthermore, I certify that the Social Security/Taxpayer Identification Number of the organization identified in Section 2 of this form is correct, and I confirm that the organization is eligible to receive QCDs. I acknowledge that any withdrawal or full surrender of my annuity contract/certificate may result in a surrender charge and that I may lose certain benefits if I withdraw/surrender my contract and that this contract does not have a reinstatement provision. I also certify that this distribution is in accordance with the provisions of the Tax Increase Prevention Act of 2014 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended.

SIGN
HERE_____
Signature of Owner_____
Today's Date (MM/DD/YYYY)**Submission Instructions****Please enclose and mail to:****National Contracts**

John Hancock Annuities
Service Center
PO Box 55444
Boston, MA 02205-5444

**New York Contracts**

John Hancock Annuities
Service Center
PO Box 55445
Boston, MA 02205-5445

**All Contracts**

Overnight Deliveries
John Hancock Annuities
Service Center
30 Dan Road, STE. 55444
Canton, MA 02021-2809

**Questions:**

1-800-344-1029

**Questions (NY Contracts):**

1-800-551-2078

**To fax this form:**

1-617-663-3160

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